



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

LEVIN et al

Atty. Ref.: 3659-10; Confirmation No. 9602

Serial No. 09/618,759

Group: 3762

Filed: July 18, 2000

Examiner: DEAK, Leslie R.

For: METHOD AND APPARATUS FOR PERIPHERAL VEIN FLUID REMOVAL IN
HEART FAILURE

* * * * *

July 13, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

312 AMENDMENT

Responsive to the Notice of Allowance of June 17, 2004, please amend the
above-identified application as follows:

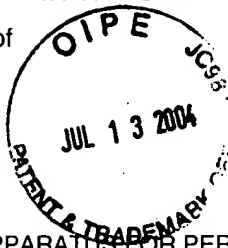
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 3659-10

C# M#

LEVIN et al



TC/A.U.

3762

Serial No. 09/618,759

Examiner: DEAK, Leslie R.

Filed: July 18, 2000

Date: July 13, 2004

Title: METHOD AND APPARATUS FOR PERIPHERAL VEIN FLUID REMOVAL IN
HEART FAILURECommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment **44** minus highest number
previously paid for **59** (at least 20) = 0 x \$ 18.00 \$ 0.00

Independent claims after amendment **2** minus highest number
previously paid for **4** (at least 3) = 0 x \$ 86.00 \$ 0.00

If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months) \$ 0.00

Terminal disclaimer enclosed, add \$ 110.00 \$ 0.00

☐ First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00) \$ 0.00

☐ Please enter the previously unentered , filed

☐ Submission attached

Subtotal \$ 0.00

If "small entity," then enter half (1/2) of subtotal and subtract -\$ 0.00

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee (\$180.00) \$ 0.00

Assignment Recording Fee (\$40.00) \$ 0.00

Other: 0.00

TOTAL FEE ENCLOSED \$ 0.00

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor
Arlington, Virginia 22201-4714
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
JHN:glfNIXON & VANDERHYE P.C.
By Atty: Jeffry H. Nelson, Reg. No. 30,481Signature: 

LEVIN et al
Serial No. 09/618,759
July 13, 2004

IN THE TITLE:

Please substitute the following as the title of this application:

METHOD AND APPARTUS FOR ~~PERIPHERAL~~ VEIN FLUID REMOVAL IN
HEART FAILURE